

REVISED

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532341

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3			/	/		
4			/	/		
5			/	/		
6			/	/		
7			/	/		
8			/	/		
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41			/	/		
42			/	/		
43			/	/		
44			/	/		
45			/	/		
46			/	/		
47			/	/		
48			/	/		
49			/	/		
50			/	/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/	/		
52			/	/		
53			/	/		
54			/	/		
55			/	/		
56			/	/		
57			/	/		
58			/	/		
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68			/	/		
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91			/	/		
92			/	/		
93			/	/		
94			/	/		
95			/	/		
96			/	/		
97			/	/		
98			/	/		
99			/	/		
100			/	/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		46	←		←
TOTAL CLAIMS			49			